

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365745	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Swanton Valley Rehabilitation and Healthcare Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 401 W Airport Hwy Swanton, OH 43558	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47057</p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to notify the resident representative of changes of condition requiring as needed intramuscular injection for behavior. This affected one resident (#100) of one resident reviewed for notifications. The facility census was 82.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #100 revealed he was admitted on [DATE] and discharged on [DATE]. Resident #100 was admitted with diagnoses of Alzheimer's, dementia with behavioral disturbance, delirium, restlessness, and agitation.</p> <p>Review of the physician orders for 07/24 for Resident #100 revealed he was ordered geodon (used for agitation) 10 milligram (mg) intramuscular (IM) as needed (PRN), and Zyprexa (used for agitation) 10 mg IM PRN.</p> <p>Review of the Medication Administration Record (MAR) for 07/24 for Resident #100 revealed he was administered Zyprexa 10 mg IM on 07/04/24 at 5:35 P.M. for agitation and Geodon 10 mg IM on 07/22/24 at 8:59 P.M. and on 07/27/24 at 9:03 P.M. for agitation.</p> <p>Review of the nursing progress notes for Resident #100 revealed there was no documentation of notification to the resident's representative regarding PRN antipsychotic medication administration.</p> <p>Interview on 10/01/24 at 10:43 A.M. with the Director of Nursing (DON) verified the nursing progress notes for Resident #100 did not document notification that a PRN antipsychotic medication was ordered for administration. Further interview with the DON revealed it was the expectation for staff to contact family and notify of change in behavior and need for PRN medication.</p> <p>Interview on 10/01/24 at 12:09 P.M. with Licensed Practical Nurse (LPN) #372 stated the expectation of the nursing staff would be to contact family or guardian and notify them of the behaviors and the need for PRN antipsychotic medication.</p> <p>Interview on 10/01/24 at 1:30 P.M. with Clinical Nurse Practitioner (CNP) #371 stated the expectation would be to notify family of the need for PRN medication and change in behavior. CNP #371 further stated sometimes family is able to help redirect a resident.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the undated facility policy titled, Change in Resident's Condition or Status, revealed the facility will notify the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157829.</p>		